



Law Offices of Mark J. Markus

11684 Ventura Blvd., #403
Studio City, CA 91604-2652
e-mail: mark@bklaw.com

Telephone: (818)509-1173
Facsimile: (818)332-1180
Web page: <http://www.bklaw.com/>

Dear Potential Client,

Thank you for taking the time to provide me with information necessary to properly analyze your bankruptcy options and enable me to explain your options and eligibility to you and answer any questions you have.

After completing these forms, please return to me at the above address, e-mail, or FAX.

Please do not FAX more than 15 pages without getting prior approval from my office.

If you haven't already done so, to schedule your appointment simply visit <http://www.bklaw.com/appointments/> or contact me to let me know your preferred dates/times.

I look forward to speaking with you soon.

Sincerely Yours,
LAW OFFICES OF MARK J. MARKUS



Mark J. Markus

After submitting, visit <https://www.bklaw.com/appointments/> to schedule your appointment.

Law Offices of Mark J. Markus**

11684 Ventura Blvd., #403
Studio City, CA 91604-2652
e-mail: bklawr@bklaw.com

Telephone: (818)509-1173
Facsimile: (818)332-1180
Web page: <http://www.bklaw.com/>

**Certified Specialist in Bankruptcy Law, State Bar of California Board of Legal Specialization

CONSULTATION QUESTIONNAIRE

Today's Date: _____

Your Full Name: _____

Home Address: _____

City: _____ State: _____ ZIP _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

e-mail: _____

Date of Birth: _____

If You and Your Spouse Are (Considering) Filing Together:

Spouse's Full Name: _____

Spouse's Date of Birth: _____

PLEASE TELL HOW YOU FOUND OUT ABOUT ME

___ Craigslist ___ Lawyers.com or Martindale.com

___ Facebook ___ Friend/referral (please indicate name) _____

___ HandelontheLaw.com ___ AttorneysPages.com

___ Google (if so, please indicate the search terms you used) _____

___ Allexperts.com

___ Avvo.com

___ Other (Please detail): _____

PLEASE NOTE: ALL QUESTIONS BELOW PERTAIN TO BOTH YOU AND YOUR SPOUSE REGARDLESS OF WHETHER YOU ARE BOTH INTENDING TO FILE BANKRUPTCY TOGETHER

RESIDENCES

Have you lived in California for more than the last two (2) full years? Yes No

If no, please list the prior locations (city and state) and dates you lived there:

HOUSEHOLD SIZE

What is your current legal marital status? (Check all that apply):

- Single, live alone
- Single, live with boyfriend or girlfriend or roommate
- Single, but live with relatives
- Legally Separated
- Married and live with spouse
- Married, but don't live with spouse
- Divorced

How many people live in your household including yourself? _____

How many do you declare as dependents on your tax return? _____

Do you Owe any past due child support? Yes No

PRIOR BANKRUPTCY CASES

Have you **ever** filed for bankruptcy before? Yes No

If yes, please list chapters, dates and locations.

YOUR DEBTS

Which types of debts do you have? Check **all** that apply.

- Credit Cards Store Cards Mail Order
- Taxes Child Support Student Loans
- Restitution Parking Tickets Speeding Tickets

Medical Bills Dental Bills Bounced Checks/Overdraft

Unemployment Overpayment Public Assistance Overpayment

Other (**Explain**):

FINAL QUESTIONS

When was the last time you used a credit card for any reason? _____

Do you (or your spouse) have a basis to sue anybody for anything? Yes No

Have you (or your spouse) ever owned your own business? Yes No

Have you (or your spouse) owned any real estate not listed here within the past six years? Yes No

Has anyone ever died and left you (or your spouse) any money or property? Yes No

Are you (or your spouse) holding any property, money or valuables that really belong to someone else? Yes No

Is someone else holding any property, money or valuables that really belong to you (or your spouse)? Yes No

Have you (or your spouse) sold, given away, or otherwise transferred out of your name and into anyone else's name ANYTHING OF VALUE (even if it's very small, a gift, or a donation) within the past 24 months? Yes No

| | |
|---------|------------|
| In re | Case No.: |
| Debtor. | (If known) |

SCHEDULE I – CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

| Debtor's Marital Status: | DEPENDENTS OF DEBTOR AND SPOUSE | | |
|--------------------------|---------------------------------|---------------|--------------|
| | NAMES | AGE | RELATIONSHIP |
| | EMPLOYMENT: | | |
| | DEBTOR | SPOUSE | |
| Employment: | | | |
| Occupation | | | |
| Name of Employer | | | |
| How long Employed | | | |
| Address of Employee | | | |

Income: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)

Estimated monthly overtime

SUBTOTAL

Less Payroll Deductions

- a. Payroll taxes and social security
- b. Insurance
- c. Union Dues
- d. Other (specify) _____

SUBTOTAL OF PAYROLL DEDUCTIONS

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm (attach detailed statement) *+SELF Employment*

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

Social security or other government assistance (Specify) _____

Pension or retirement income

Other monthly income (Specify) _____

TOTAL MONTHLY INCOME

TOTAL COMBINED MONTHLY INCOME \$

| | DEBTOR | SPOUSE |
|---|----------|----------|
| Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.) | \$ _____ | \$ _____ |
| Estimated monthly overtime | \$ _____ | \$ _____ |
| SUBTOTAL | \$ _____ | \$ _____ |
| Less Payroll Deductions | | |
| a. Payroll taxes and social security | \$ _____ | \$ _____ |
| b. Insurance | \$ _____ | \$ _____ |
| c. Union Dues | \$ _____ | \$ _____ |
| d. Other (specify) _____ | \$ _____ | \$ _____ |
| SUBTOTAL OF PAYROLL DEDUCTIONS | \$ _____ | \$ _____ |
| TOTAL NET MONTHLY TAKE HOME PAY | \$ _____ | \$ _____ |
| Regular income from operation of business or profession or farm (attach detailed statement) <i>+SELF Employment</i> | \$ _____ | \$ _____ |
| Income from real property | \$ _____ | \$ _____ |
| Interest and dividends | \$ _____ | \$ _____ |
| Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above. | \$ _____ | \$ _____ |
| Social security or other government assistance (Specify) _____ | \$ _____ | \$ _____ |
| Pension or retirement income | \$ _____ | \$ _____ |
| Other monthly income (Specify) _____ | \$ _____ | \$ _____ |
| TOTAL MONTHLY INCOME | \$ _____ | \$ _____ |

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

Current Expenses

2. Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

| Name/ age/ relationship | Who does the dependent live with? |
|-------------------------|-----------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Do you and your spouse live separately and maintain separate households? No Yes. If **yes**, please complete an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount. You can use historical averages for things like Food, but this form should list what your CURRENT expenses are and what they are anticipated to be going forward. So, for example, if you had a large medical expense recently that isn't likely to continue, you should not use that in calculating your current/anticipated medical expenses.

3. Do your expenses include another person's expenses other than yourself and your dependents?

No Yes

Indicate how much you pay for each item each month:

4. Primary Rent or Home Mortgage: \$ _____
 Does that amount include real estate taxes?
 No Yes
 If **yes**, how much do you pay? \$ _____
 Does that amount include property, homeowner's, or renter's insurance?
 No Yes
 If **yes**, how much do you pay? \$ _____
 Does that amount include any Home maintenance, repair, or upkeep expenses?
 No Yes
 If **yes**, how much do you pay? \$ _____
 Does that amount include any Homeowner's association or condominium dues?
 No Yes
 If **yes**, how much do you pay? \$ _____

5. Are there Additional Mortgage payments? \$ _____
 No Yes
 If **yes**, how much do you pay? _____

6. Utilities:

a. Electricity and heating fuel: \$ _____

b. Water and sewer: \$ _____

c. Telephone service/long distance: \$ _____

d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:

_____ \$ _____

_____ \$ _____

_____ \$ _____

| | | | |
|-----|--|----|-------|
| 7. | Food and housekeeping supplies | \$ | _____ |
| 8. | Childcare and Children Education Costs | \$ | _____ |
| 9. | Clothing, laundry, and dry cleaning:..... | \$ | _____ |
| 10. | Personal care products and services:..... | \$ | _____ |
| 11. | Medical and dental expenses:..... | \$ | _____ |
| 12. | Transportation (do NOT include car payments):..... | \$ | _____ |
| 13. | Recreation,entertainment, newspapers, magazines, and books: | \$ | _____ |
| 14. | Charitable contributions and religious donations: | \$ | _____ |
| 15. | Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: (Do not include amounts entered in Line 4 or Line 20) | | |
| | a. Life insurance: | \$ | _____ |
| | b. Health insurance: | \$ | _____ |
| | c. Auto insurance:..... | \$ | _____ |
| | d. Other insurance <i>(describe and list monthly amount):</i> | | |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| 16. | Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses: | | |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| 17. | Installment payments for car, furniture, etc. <i>(Describe):</i> | | |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| 18. | Alimony, maintenance and support paid to others:..... | \$ | _____ |
| 19. | Payments for support of additional dependents not living at your home: | \$ | _____ |
| 20. | Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5) | | |
| | a. Mortgage payment on other Real Estate Property | \$ | _____ |
| | b. Taxes on other Real Estate Property | \$ | _____ |
| | c. Other Real Property, Homeowner's, or Renter's Insurance payments | \$ | _____ |
| | d. Home maintenance (including repairs and upkeep) | \$ | _____ |
| | e. Homeowner's association or condominium dues | \$ | _____ |

21. Other expenses (Describe): **(please see "Additional Expenses" below before putting anything here)**

| | | |
|-------|----|-------|
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |

Describe any increase or decrease in expenses you expect to occur within the next year.

Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Additional Expenses (707(b) Expenses for Form 22)

| | | | |
|--------------|---|----|-------|
| 26. or 31. | Mandatory payroll deductions not already listed: | | |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| 28. or 33. | Court ordered payments not already listed: | | |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| 29. or 34. | Education for employment or for a physically or mentally challenged child:..... | \$ | _____ |
| 30. or 35. | Child care (baby sitting, day care, nursery & preschool, etc.): | \$ | _____ |
| 34b. or 39b. | Disability Insurance (if not listed above):..... | \$ | _____ |
| 34c. or 39c. | Health Savings Account: | \$ | _____ |
| 35. or 40. | Care for elderly, chronically ill or disabled family members: | \$ | _____ |
| 36. or 41. | Protection from family violence: | \$ | _____ |
| 38. or 43. | Education expense for your children under 18: | \$ | _____ |
| 55. (c13's) | Non-mandatory contributions to retirement accounts (including loan repayments): | | |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |

ONLY COMPLETE THE NEXT TWO PAGES (PART “F”) IF:

1. Your income varies and you have received different amounts of income from all sources in the past 6 months than you are currently receiving.
2. You are self-employed. (You may also instead submit profit and loss statements for each of the past 6 months for your business income/expenses).

If you have received the same amount of income each of the past 6 months, you do not need to complete section F.

CLIENT QUESTIONNAIRE

Part F. Debtor's Current Monthly Income Calculation

Please enter your total income RECEIVED in each of the last 6 months. If you are self employed, you can either list your income and corresponding expenses in Row 2 ("Income from operation of business") or you can submit profit and loss statements for that period (preferred).

| | Month 1 (last month) ____/____ | Month 2 (2 months ago) ____/____ | Month 3 ____/____ | Month 4 ____/____ | Month 5 ____/____ | Month 6 ____/____ | For Office Use Only |
|--|--------------------------------------|--|----------------------|----------------------|----------------------|----------------------|------------------------|
| Gross wages, salary, tips, bonuses, overtime, commissions. | | | | | | | |
| Income from operation of business: a. Gross Income - b. Expenses = c. Net Income. | | | | | | | |
| Rent and other real property income:** a. Gross Income - b. Expenses = c. Net Income. | | | | | | | |
| Interest, dividends, and royalties. | | | | | | | |
| Pension and retirement income (NOT Social Security). | | | | | | | |
| Regular contributions from others to the household expenses, including child support. | | | | | | | |
| Unemployment Compensation. | | | | | | | |
| Social Security income. | | | | | | | |
| Other sources Including retirement distributions, gifts, and any other non-loan income not already mentioned. not already mentioned Describe: | | | | | | | |

CLIENT QUESTIONNAIRE

Part F. Debtor's Current Monthly Income Calculation --FOR SPOUSE

Please enter your total income RECEIVED in each of the last 6 months for your SPOUSE even if your spouse is not filing bankruptcy with you. If you are self employed, you can either list your income and corresponding expenses in Row 2 ("Income from operation of business") or you can submit profit and loss statements for that period (preferred).

| | Month 1 (last month) ____/____ | Month 2 (2 months ago) ____/____ | Month 3 ____/____ | Month 4 ____/____ | Month 5 ____/____ | Month 6 ____/____ | For Office Use Only |
|--|--------------------------------------|--|----------------------|----------------------|----------------------|----------------------|------------------------|
| Gross wages, salary, tips, bonuses, overtime, commissions. | | | | | | | |
| Income from operation of business: a. Gross Income - b. Expenses = c. Net Income. | | | | | | | |
| Rent and other real property income:** a. Gross Income - b. Expenses = c. Net Income. | | | | | | | |
| Interest, dividends, and royalties. | | | | | | | |
| Pension and retirement income (NOT Social Security). | | | | | | | |
| Regular contributions from others to the household expenses, including child support. | | | | | | | |
| Unemployment Compensation. | | | | | | | |
| Social Security income. | | | | | | | |
| Other sources Including retirement distributions, gifts, and any other non-loan income not already mentioned. not already mentioned Describe: | | | | | | | |

Law Offices of Mark J. Markus

11684 Ventura Blvd., #403
Studio City, CA 91604-2652
e-mail: bklawr@bklaw.com

Telephone: (818)509-1173
Facsimile: (818)332-1180
Web page: <http://www.bklaw.com>

INFORMATION TO GATHER FOR CONSULTATION

For your consultation, please be ready to discuss the following regarding your assets and debts: ("ready to discuss" does not mean that you must have all this information written down and sent to me, although it is helpful if you can and will definitely speed up the consultation. If you have an interest in more than one piece of real property, please send me the information requested for real property below in advance of your appointment. Please make sure the information you have is accurate. If you give me estimated figures, I can only give you estimated advice.)

PLEASE NOTE: If you are married, I need information on assets and debts for BOTH spouses regardless of whether or not only one of you is contemplating filing for bankruptcy. I will advise you at your consultation whether there is any risk to either of your assets, but I need all the information in order to properly advise you.

A. **YOUR DEBTS:** The amounts owed--by type--of each of your debts (i.e., categorize types such as credit card debts, loans, taxes, medical, whether the debts are secured or unsecured, taxes, employee wages, etc.) Also, when the debts were incurred (anything recent? mostly old? etc.)

1. How much do you owe on credit cards?

2. How much have you charged on your cards in the past 6 months? In the past 60 days? What were these charges for? Do you have any cash advances over \$750 in the past 90 days?

3. Do you have any medical debts? How much?

4. Do you owe any taxes? If so, I will need to know: (a) What tax years you owe for; (b) What agency you owe it to (IRS, FTB, etc.); (c) The amounts you owe for each year (c) The dates you filed your returns for each year you owe; (d) whether you've done an offer in compromise (and, if so, the date it was filed and rejected). Ultimately I will need to order transcripts from the taxing agency to get the exact dates and other necessary information, but if you have the basic information above, it will help me determine whether you have a chance of discharging your tax debts.

5. Do you owe any money to finance companies or department stores such as Best Buy, Household Finance, Circuit City, Levitz, etc? I will need information on those debts and the value of the collateral you purchased from them still in your possession.

B. **VALUE OF YOUR ASSETS:** The value of each of your assets. An asset is anything that you own, have a right to own, or have an interest in. Assets include the obvious such as household items, vehicles, real estate, stocks, cash, money in bank accounts, mutual funds, etc. as well as retirement accounts, insurance, your interest as a beneficiary in someone's will, lawsuits you are a plaintiff in, interests in businesses (corporations or partnerships), etc. Valuations should be done based on what you could sell the items for today, not what you paid for them. Below is a list of a few major assets that are common. That doesn't mean that I don't need information on your other assets. I merely provide the following for

assistance in preparing.

1. **REAL ESTATE INFORMATION**: (If you have an interest in more than one piece of property, please send me the following information PRIOR to your appointment for each property).

If you own or have an interest in real estate, I need to know for each property:

- a. Its current fair market value;
- b. How title is vested (held) (e.g. joint tenants, tenants in common) including names of any other parties on title;
- c. The current amount owing on each trust deed, mortgage, lien, or encumbrance against it; and,
- d. The date the property was purchased.
- e. If you receive rental income, I will need information on rental income received.

2. **AUTOMOBILES**: For each vehicle you own or have an interest in (registered in your name), I will need the current blue book trade-in value. You can get this online at <http://www.kbb.com/>. I will also need the present amount owed to any lenders secured by your vehicle.

3. **LAWSUITS**: Whether you have been a party to a lawsuit in the last year (as a plaintiff or as a defendant) and, if so, all the details and current status of the case. If you have the facts supporting a case that you could bring against someone, I will need to know that as well.

4. **LIFE INSURANCE**: If you have any whole or variable life insurance, I will need to know the current cash surrender value.